

**TOWN OF GARDINER  
DOG LICENSE APPLICATION/RENEWAL**

|                                                                                                                                                                                                                 |                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LICENSE NO. _____<br>DATE ISSUED _____ EXPIRATION DATE _____<br>DOG BREED _____ DOG COLOR _____<br>DOG NAME _____ YEAR OF BIRTH _____<br><br><input type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL | RABIES CERTIFICATION REQUIRED<br>RABIES VACCINE<br><br><input type="checkbox"/> ONE YEAR VACC. <input type="checkbox"/> THREE YEAR VACC.<br><br>DATE VACCINATED _____<br>VETERINARIAN _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**OWNER IDENTIFICATION (PERSON WHO HARBORS OR KEEPS DOG)**

|      |       |    |           |
|------|-------|----|-----------|
| LAST | FIRST | MI | PHONE NO. |
|------|-------|----|-----------|

|                |      |       |          |
|----------------|------|-------|----------|
| STREET ADDRESS | CITY | STATE | ZIP CODE |
|----------------|------|-------|----------|

MAILING ADDRESS \_\_\_\_\_ ☐ CHECK HERE IF SAME AS ADDRESS

| TYPE OF LICENSE                         | FEE  |                                           |       |
|-----------------------------------------|------|-------------------------------------------|-------|
| <input type="checkbox"/> MALE, NEUTERED | 5.00 | <input type="checkbox"/> MALE, UNNEUTERED | 15.00 |
| <input type="checkbox"/> FEMALE, SPAYED | 5.00 | <input type="checkbox"/> FEMALE, UNSPAYED | 15.00 |

☐ EXEMPT DOGS: GUIDE, WAR, POLICE, DETECTION DOG,  
THERAPY DOG, WORKING SEARCH, HEARING & SERVICE  
(DOCUMENTATION REQUIRED)

|                         |            |                         |            |
|-------------------------|------------|-------------------------|------------|
| OWNER'S SIGNATURE _____ | DATE _____ | CLERK'S SIGNATURE _____ | DATE _____ |
|-------------------------|------------|-------------------------|------------|